HOLISTIC LIFESTYLE QUESTIONNAIRE

Name: _____ Date: _____

Please complete all the attached questionnaires and plot them on the score chart. Answer each question with the response that best fits you. It is extremely important to answer the questions as accurately and honestly as possible. There are no right or wrong answers. Supply the response that most accurately describes you, not what you think you should answer.

The Metabolic Typing questionnaire is the only questionnaire that is not plotted on the graph. To get the most out of this assessment, you may want to have one additional person with you to help complete the questionnaires.

Please feel free to call us if you have any questions. We look forward to seeing you soon!

YOU ARE WHAT YOU EAT

1. Do you shop less frequently than every four days?
___ Yes (1) ___ No (0)

2. Do you eat more packaged (frozen or canned) fruits and vegetables than fresh?
___ Yes (3) ___ No (0)

3. Do you eat more cooked vegetables than raw?
___ Yes (3) ___ No (0)

4. Do you eat vegetables with less than two meals daily?
___ Yes (5) ___ No (0)

5. Do you buy more non-organic vegetables than organic vegetables?
___ Yes (5) ___ No (0)

6. Do you use a microwave oven?
Yes (check option below) ___ No (0)
___ 1-2 times per week (2)
___ 3-4 times per week (5)
___ more than 4 times per week (10)

7. Do you eat quick cook grains such as Rice-aroni, Quaker Oats or Minute rice more often than slow cooked organic whole grains?
___ Yes (5) ___ No (0)

8. Do you eat white bread more often than whole grain breads?
___ Yes (5) ___ No (0)

9. Do you drink pasteurized/homogenized milk, or eat cheeses frequently?
Yes (check option below) ___ No (0)
___ 1-2 times per week (1)
___ 3 times per week (3)
___ more than 3 times per week (5)

10. Do you eat non-organic yogurts that are low fat, presweetened or have fruit added?
Yes (check option below) ___ No (0)
___ 1-2 times per week (1)
___ 3 times per week (3)
___ more than 3 times per week (5)

11. Do you eat typical store bought eggs from cage raised chickens (as apposed to free range, grain fed eggs)?
___ Yes (5) ___ No (0)

12. Do you eat red meat more than once every four days?
___ Yes (3) ___ No (0)

13. Do you commonly eat meats (beef, chicken, turkey) from sources other than a free-range and hormone-free source?
___ Yes (3) ___ No (0)

14. Do you eat canned fish more frequently than fresh fish?
___ Yes (3) ___ No (0)

15. Do you use commercial salad dressings?
Yes (check option below) ___ No (0)
___ once a week (1)
___ twice per week (2)
___ more than 2 times per week (3)

16. Do you use Mayonnaise or products containing hydrogenated oils?
Yes (check option below) ___ No (0)
___ once a week (1)
___ twice per week (2)
___ more than 2 times per week (5)

17. Do you eat nuts and/or seeds that are roasted and/or salted?
___ Yes (1) ___ No (0)

18. Do you use white table sugar as a sweetener?
Yes (check option below) ___ No (0)
___ once a week (1)
___ 2-3 times per week (3)
___ more than 3 times per week (5)

19. Do you use artificial sweeteners such as Sweet-n-Low, Equal or Nutrasweet?
Yes (check option below) ___ No (0)
___ once a week (1)
___ 2-3 times per week (5)
___ more than 3 times per week (10)

20. Do you use standard white table salt?
___ Yes (5) ___ No (0)

21. Do you eat TV dinners or other highly processed foods more than three times a week?
___ Yes (5) ___ No (0)

22. Do you eat from fast food restaurants like McDonald's, Arby's, Wendy's, etc…?
Yes (check option below) ___ No (0)
___ 1-2 times per week (2)
___ 3 times per week (5)
___ more than 3 times per week (10)

23. Do you eat from vending machines?
Yes (check option below) ___ No (0)
___ 1-2 times per week (2)
___ 3 times per week (5)
___ more than 3 times per week (10)

24. Do you drink tap water?
___ Yes (10) ___ No (0)

25. Do you eat some form of store bought dessert, such as ice cream, cookies, donuts, cakes or pies after dinner most nights?
___Yes (check option below) ___ No (0)
___ once a week (1)
___ 2-3 times per week (3)
___ more than 3 times per week (5)

Total Score: _____

STRESS

1. Do you eat more or less when stressed than when not stressed?
___ Yes (10) ___ No (0)

2. Do you worry over job, income or money problems?
___ Yes (10) ___ No (0)

3. Are any of your relationships causing you stress?
___ Yes (10) ___ No (0)

4. Do you often feel anxious?
___ Yes (5) ___ No (0)

5. Do you often feel upset when things go wrong or feel that things go wrong often?
___ Yes (5) ___ No (0)

6. Do you lash out at others?
___ Yes (5) ___ No (0)

7. Do you feel your sex drive is lower than normal for you?
___ Yes (5) ___ No (0)

8. Do you feel stressed due to lack of intimacy in one or more relationships?
___ Yes (5) ___ No (0)

9. Have you had reduced contact with friends (feeling antisocial) or an increase in contact because you feel you need to vent your frustrations or stresses to others?
___ Yes (3) ___ No (0)

10. Do you feel isolated or suffer from loneliness?
___ Yes (3) ___ No (0)

11. Do you take any form of medication prescribed by a physician directly or indirectly related to stress in your life or a psychological disorder?
___ Yes (15) ___ No (0)

12. Do you lose more than two days of work a year due to illness?
___ Yes (5) ___ No (0)

Total Score: _____

CIRCADIAN HEALTH

1. Do you live in the same time zone you were born in?
___ Yes (0) ___ No (5)

2. Do you travel across time zones more than once a month?
___ Yes (10) ___ No (0)

3. Do you wake up feeling un-rested and in need of more sleep?
Yes (check option below) ___ No (0)
___ once a week (1)
___ 3 times per week (5)
___ more than 3 times per week (10)

4. Do you commonly go to bed after 10:30 PM?
___ Yes (10) ___ No (0)

5. Are the times you have bowel movements consistent and predictable on a daily basis?
___ Yes (0) ___ No (5)

6. Do you suffer from reduced memory since moving to a new time zone or since traveling across time zones?
___ Yes (10) ___ No (0)

7. Has your sense of hunger changed from being hungry at breakfast (upon rising), lunch (mid-day) and dinner times (sunset) since moving to a new time zone or traveling across time zones frequently (> 1 x Mo.)?
___ Yes (10) ___ No (0)

8. Do you wake up at night between 1:00 am and 4:00 am and have a hard time falling back to sleep?
Yes (check option below) ___ No (0)
___ once a week (1)
___ 3 times per week (5)
___ more than 3 times per week (10)

9. Do you tend to have a hard time staying awake in the afternoon after eating lunch?
Yes (check option below) ___ No (0)
___ once a week (1)
___ 3 times per week (5)
___ more than 3 times per week (10)

10. Do you do shift work that requires you to stay up late at night?
___Yes (10) ___ No (0)

Total Score: _____

YOU ARE WHEN YOU EAT

1. Do you frequently skip meals?
___ Yes (3) ___ No (0)

2. Do you typically go more than four hours without eating?
Yes (check option below) ___ No (0)
___ 1-2 times per week (1)
___ 3 times per week (2)
___ more than 3 times per week (3)

3. Do you sometimes skip breakfast?
Yes (check option below) ___ No (0)
___ 2 times per week (1)
___ 3 times per week (5)
___ more than 3 times per week (10)

4. Do you avoid fats when eating?
___ Yes (5) ___ No (0)

5. Do you frequently eat carbohydrates (i.e. breads, bagels, cookies, pasta, fruit, cereals, muffins, crackers, chocolate, or candy) by themselves?
___ Yes (5) ___ No (0)

6. Do you get hungry or crave sweets within two hours after eating a meal?
___ Yes (5) ___ No (0)

7. Do you use caffeine and/or sugar containing drinks (i.e. coffee, tea, sodas, and fruit juices with sucrose, corn syrup or added sugar)?
Yes (check option below) ___ No (0)
___ 1 cup a day (1)
___ 2 cups per day (3)
___ more than 2 cups per day (5)

8. Have you tried diets to lose weight?
Yes (check option below) ___ No (0)
___ once (1)
___ twice (2)
___ three-five times (5)
___ more than five times (10)

9. Do you have difficulty burning fat around your belly, hips or thighs even with regular exercise?
___ Yes (3) ___ No (0)
10. Do you eat your largest meal at night?
___ Yes (1) ___ No (0)

Total Score: _____

DIGESTIVE SYSTEM HEALTH

1. Do you experience lower abdominal bloating?
Yes (check option below) ___ No (0)
___ 1-2 times per week (3)
___ 3 times per week (5)
___ more than 3 times per week (10)

2. Do you frequently have loose stools or diarrhea?
Yes (check option below) ___ No (0)
___ once a week (1)
___ 3 or more times per week (5)

3. Do you experience constipation or stools that are compact/hard to pass?
Yes (check option below) ___ No (0)
___ 1-2 times per week (3)
___ 3 or more times per week (5)

4. Do you find that you often burp/belch after meals?
___ Yes (3) ___ No (0)

5. Do you frequently have gas?
___ Yes (3) ___ No (0)

6. Do you crave certain foods, such as bread, chocolate, certain fruit, and red meat, if you have not eaten them in a day or two?
___ Yes (5) ___ No (0)

7. Do you have a poor appetite and/or feel worse after eating?
Yes (check option below) ___ No (0)
___ 1-2 times per week (3)
___ 3 times per week (5)
___ more 3 times per week (10)

8. Do you have an excessive appetite and/or sweet cravings?
___ Yes (5) ___ No (0)

9. Do you frequently (more than twice a week) experience abdominal pain, cramps or general abdominal discomfort?
___ Yes (20) ___ No (0)

10. Do you have indigestion, heartburn or upset stomach?
Yes (check option below) ___ No (0)
___ 1-2 times per week (3)
___ 3 times per week (5)
___ more 3 times per week (10)

11. Do you get a headache after eating?
Yes (check option below) ___ No (0)
___ 1-2 times per week (3)
___ more than 3 times per week (5)

Total Score: _____

DETOXIFICATION SYSTEM HEALTH

1. Are your eyes sensitive to bright light?
___ Yes (3) ___ No (0)

2. Do you suffer from irritability and have difficulty relaxing?
___ Yes (10) ___ No (0)

3. Do you often feel fatigued and sluggish?
___ Yes (10) ___ No (0)

4. Do you suffer from frequent headaches?
Yes (check option below) ___ No (0)
___ once a week (1)
___ 3 or more per week (5)

5. Do you have dark circles and/or puffiness under eyes?
Yes (check option below) ___ No (0)
___ once a week (3)
___ 2-3 times per week (5)
___ more than 3 times per week (10)

6. Are you sensitive to perfumes, paint fumes, traffic fumes, detergents or cigarette smoke?
Yes (check option below) ___ No (0)
___ mildly (3)
___ moderately (5)
___ very (10)

7. Have you been unable to lose cellulite with diet and/or exercise?
___ Yes (10) ___ No (0)

8. Are you currently, or have you in the past, been frequently exposed to industrial or agricultural chemicals, such as solvents, cleaning fluids, paint fumes, plant sprays and fertilizers?
Yes (check option below) ___ No (0)
___ brief exposure (3)
___ more than once a week (5)
___ daily (10)

9. Do you experience mental sluggishness, poor memory or poor concentration?
Yes (check option below) ___ No (0)
___ 1-2 times per week (3)
___ 3 times per week (5)
___ more than 3 times per week (10)

10. Do you suffer from skin reactions such as rashes, itching or burning, for which the cause is unknown?
Yes (check option below) ___ No (0)
___ 1-2 times per month (3)
___ 3 times per month (5)
___ more than 3 times per month (10)

Total Score: _____

Metabolic Typing Questionnaire
This questionnaire is designed to help you determine the optimal macro nutrient ratio (fats:proteins:carbohydrates) to begin the process of fine-tuning your body's feedback mechanisms. For those of you not sure what a fat, protein or carbohydrate is, let me simplify that for you. If the food comes from something that has a set of eyes, it is going to be higher in fats and proteins; fats and proteins most often come together in nature. For example, cows, sheep, birds and fish all have eyes and all provide higher protein/fat foods. Foods like vegetables, breads and cereals do not come from a source that had a set of eyes and are generally much higher in carbohydrates and lower in fat and protein. There are a few exceptions to this rule; such as, nuts and avocados, which have no eyes, yet are high fat foods.
When answering the questions, circle the answer that best describes the way you feel, not the way you think you should eat! If none of the answers suit you with regard to a particular question, simply don't answer that question. If the answer **A** suits you some of the time (in the morning, but not the evening for example), and answer **B** suits you other times, you may circle both provided that the answers refer to how you may feel on any given day, not within a period of over 24 hours.

1. I sleep best:
A. when I eat 1-2 hours before going to sleep.
B. when I eat as much as 3 or 4 hours before going to sleep.

2. I sleep best if:
A. my dinner is composed of mainly meat with some vegetables or other carbohydrates.
B. my dinner is composed mainly of vegetables or other carbohydrates and a comparatively small serving of meat.

3. I sleep best and wake up feeling most rested if I:
A. don't eat sweet desserts like cakes, candy or cookies. If I eat a rich dessert that is not overly sweet, such as high quality full fat ice cream, I tend to sleep okay.
B. even if I should eat a sweet dessert now and then.

4. After vigorous exercise, I tend to crave:
A. foods or drinks with higher protein and/or fat content such as a bodybuilder's high-protein shake.
B. foods or drinks higher in carbohydrate (sweeter), such as Gatorade, soda, or fruit juice.

5. In order to last 4 hours between meals and maintain mental clarity and a sense of well-being, I prefer to eat:
A. a meal predominantly meat based, high in protein and fat (such as roast beef, pork, salmon…) with carbohydrate as a supplement to the meal.
B. a meal predominantly carbohydrate based, such as a salad or vegetables with some bread, and a small amount of protein.

6. Which best describes your reaction to sugar or sweet foods such as jelly donuts, candy or sweetened drinks:
A. I get a rush of energy, may get the jitters or may feel good for a short time but then I am likely to have a blood sugar crash, resulting in the need for more of the same or having to eat some real food to normalize myself.
B. I can do quite well on sweet things and I don't seem to be negatively affected, even though I know that too much is not good for me.

7. My body shape is closest to:
A. Mesamorphic or 'V' shaped, like a typical wrestler, gymnast or weight lifter type or Endomorphic or more naturally round shaped but I am naturally quite strong and respond very well to anaerobic sports or strength training type exercises.
B. Ectomorphic or long and lean like a rower or triathlete or Endomorphic or more naturally round shaped but I respond better to endurance athletics than to strength training or anaerobic sports.

8. Which statement best describes your disposition toward food in general:
A. I love food and live to eat!
B. I am not fussed over food in general and I eat to live in general.

9. In general, I prefer:
A. To salt my foods most of the time.
B. To taste my foods and apply salt once in a while, but am not particularly attracted to salty foods.

10. Instinctually, I prefer to eat:
A. Dark meat, such as the chicken or turkey legs and thighs over the white breast meat.
B. Light meat such as the chicken or turkey breast over the dark leg and thigh meat.

11. Which list of fish most appeals to your taste without concern for calories or fat content:
A. Anchovy, caviar, herring, mussels, sardines, abalone, clams, crab, crayfish, lobster, mackerel, octopus, oyster, salmon, scallops, shrimp, snail, squid, tuna (dark meat)
B. Light fish, catfish, cod, flounder, haddock, perch, scrod, sole, trout, tuna (white), turbot

12. When eating dairy products, do you feel best after eating:
A. Richer full fat yogurts and cheeses or desserts.
B. Lighter low fat yogurts and cheeses or desserts.

13. With regard to snacking, do you:
A. Tend to do better with snacks between meals
B. Tend to last between meals easily in general.

14. Which characteristics best describe you:
A. Creative, digest food well in general, have a strong immune system and don't get sick often, have an appetite for proteins, feel good when eating fats or fatty foods, more muscular or inclined to gain muscle and/or strength easily.
B. Logical, more lithe of build, tend to be sensitive to temperature changes and flu season and wouldn't really consider your immune system one of your stronger attributes, prefer light meats and lower fat foods, are more inclined toward endurance athletics.

Total A answers: _____ Total B answers: _____